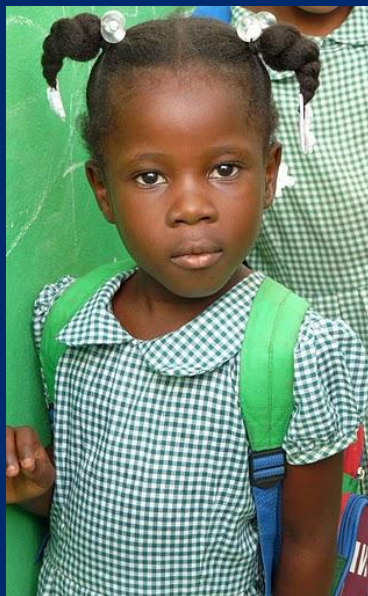




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Scaling Up: Country Examples



James Hazen, USAID/ Nutrition Division

April 4, 2011



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Building Foundations for Development

Undernutrition's costs:

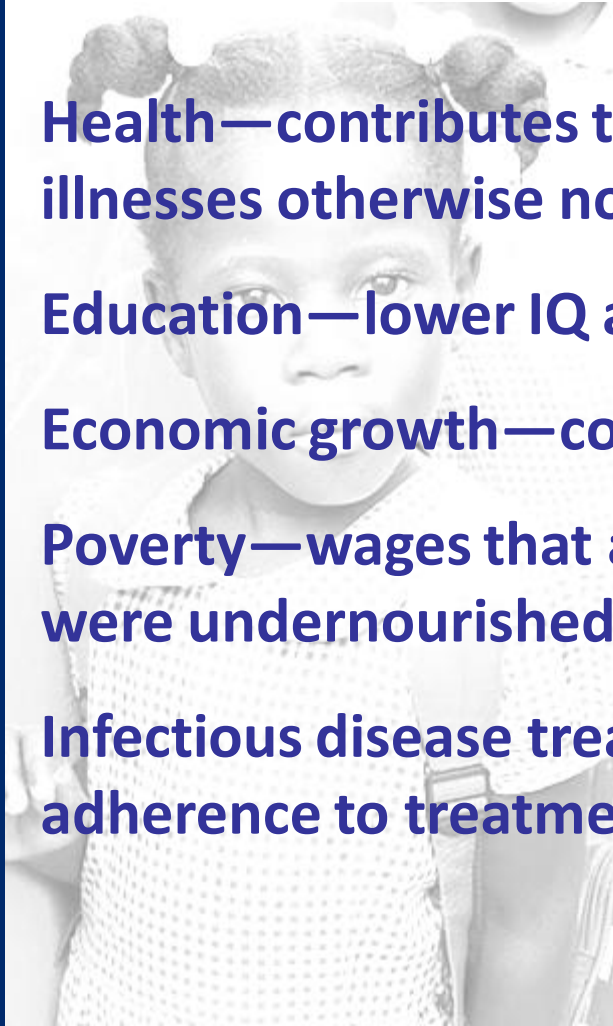
Health—contributes to 3.5 million deaths each year from common illnesses otherwise not fatal

Education—lower IQ and school performance

Economic growth—costs countries 3-6% of GDP

Poverty—wages that are half as high in adulthood in children who were undernourished in early life

Infectious disease treatment—hastens HIV progression and reduces adherence to treatment





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USAID Initiatives

U.S.
**GLOBAL
HEALTH**
Initiative

SEE ^{THE} **FUTURE**
FEED
CHANGE

Our principal concern is our children. Because ultimately, that's who we're working to protect – the children whose lives and futures are most vulnerable to the dangers and deprivations of poverty. Their health is a leading indicator of a nation's stability, security, and prosperity. I often tell people as I travel around the world, "If you want to know how stable a country is, don't count the number of advanced weapons, count the number of undernourished children."

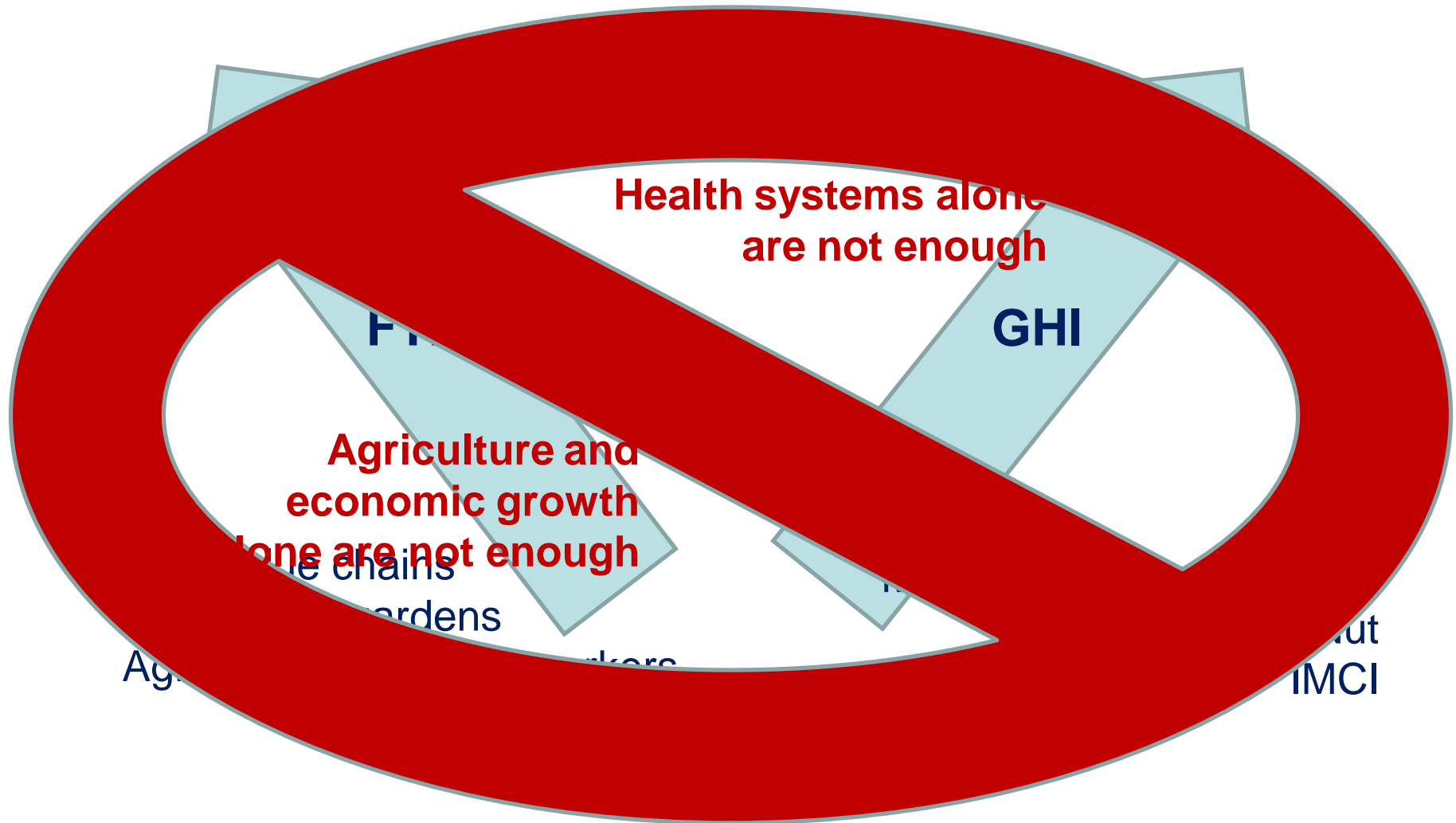
Few issues provide a more direct, affordable, and effective way to save and improve lives. As governments and organizations search for strategic interventions in the fight against poverty, places where our money and our effort can make the biggest and most lasting differences, nutrition represents a ripe opportunity and one that can be addressed from many different angles.

-Hillary Clinton, 2010



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USAID Initiatives





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Do we know what to do?



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What Supports Child Nutrition?



Child Nutrition

Access
to food

Improved
maternal
and
child-care
practices

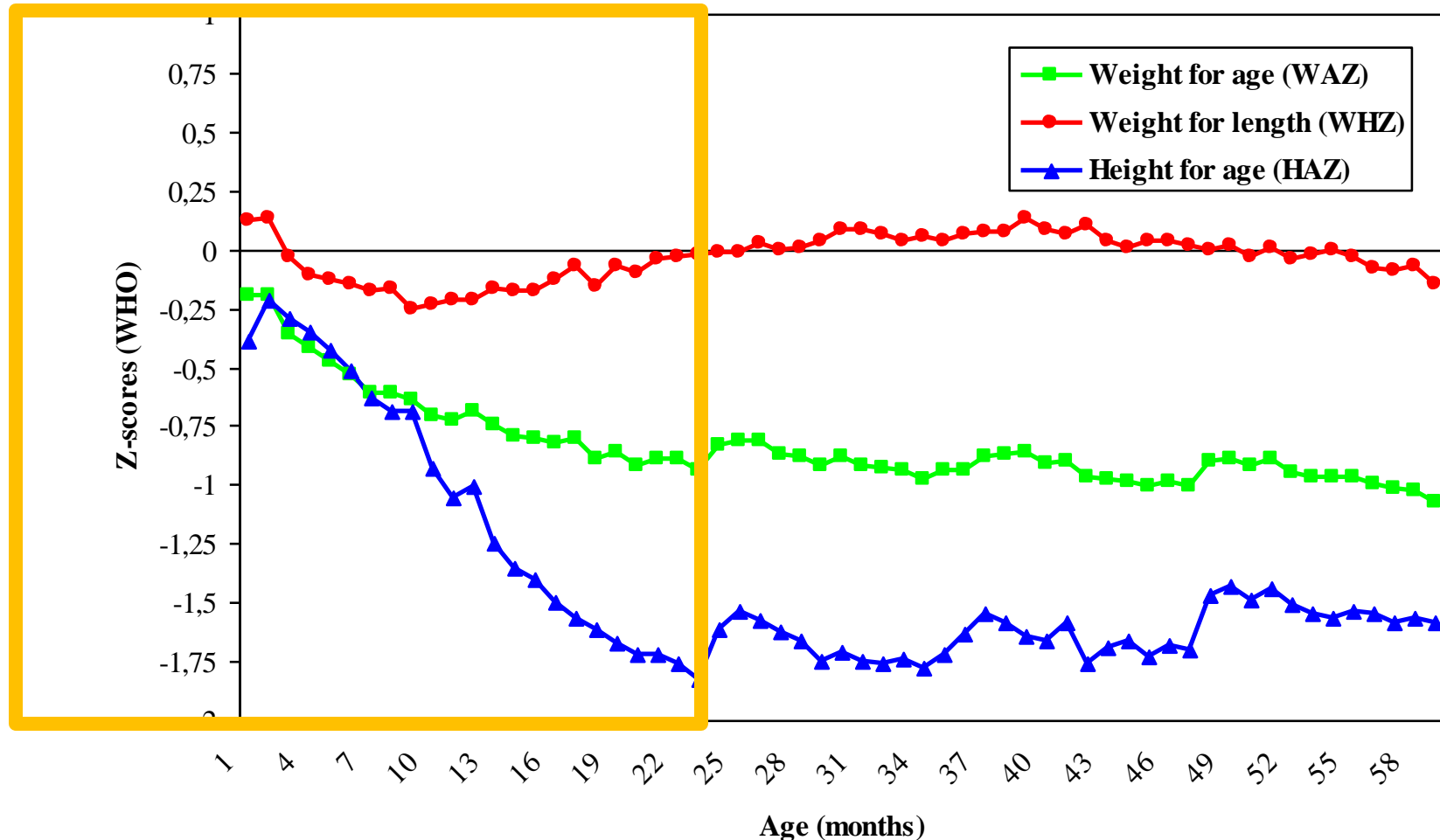
Access to
water/
sanitation
/hygiene
and basic
health
services



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Focus: 1,000 Days

Mean anthropometric z-scores by age for all 54 studies, relative to the WHO standard



Source: Victora CG, de Onis M, Hallal PC, Blössner M, Shrimpton R. Worldwide timing of growth faltering: revisiting implications for interventions using the World Health Organization growth standards. *Pediatrics*, 2010 (Feb 15 Epub ahead of print)



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Focus: Cost-effective Interventions that Work

Improving diet quality and diversity

- Iron folate supplementation (reduces maternal deaths by 23%)
- Maternal multiple micronutrients (reduces LBW infants by 16% and reduces maternal anemia by 39%)
- Calcium supplementation (reduces risk of pre-eclampsia by 52%)
- Conditional cash transfers with nutrition education (reduces stunting)
- Iron fortification and supplementation (reduces anemia by 28% and maternal mortality)
- Dietary diversification (reduces anemia and vitamin A deficiency)
- Vitamin A fortification or supplementation (reduces child mortality by 23%)
- Universal salt iodization (improves IQ by 13 points)

1,000 days

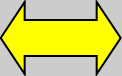

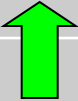

- Promotion of breastfeeding (reduces mortality by 13%)
- Social and behavior change for improved complementary feeding (reduces stunting)
- Maternal supplements of energy, micronutrients, and protein (reduces LBW infants by 32%)
- Deworming (reduces anemia and increases growth)
- Neonatal vitamin A (reduces infant mortality by 21% in South Asia)
- Delayed cord clamping (reduces anemia)

Nutrition service delivery

- Treatment of severe acute malnutrition in facilities (reduces deaths by 55%)
- Zinc for management of diarrhea (reduces mortality by 9%)



Where Is The Evidence????

Where	Type of activity	Target population	Impact on Nutrition?		WHY?
Senegal		~3,600 people	<ul style="list-style-type: none"> NO improved consumption patterns 		Program DID NOT have Nutrition Education component and most food produced was sold and income NOT used to buy food
Nepal, Cambodia, Bangladesh, Philippines	Homestead Food Production	2003-2007: Reached total of > 30,000 Households in 4 countries	<ul style="list-style-type: none"> Total of 3-4 times greater diversity of food produced Decrease in Child Anemia from 63.9% to 45.2% in Bangladesh Decrease in anemia among non-pregnant mothers by 26% in Nepal 		<p>Common Elements:</p> <ul style="list-style-type: none"> Strong nutrition education component Women Centered Approach <p>Other Factors (not across all programs):</p> <ul style="list-style-type: none"> Training on agricultural techniques Small animal husbandry included (with access to veterinary care) Inclusion of activities focused on food storage and preparation
Tanzania, Thailand	Home Gardens	~3,000 households (Tanzania),	<ul style="list-style-type: none"> Intake of Vitamin A rich foods 50% greater in intervention areas (Tanzania) Serum retinol levels increased from school girls in intervention area (Thailand) 		
Uganda Mozambique Nigeria	Gender Informed Nutrition and Agriculture Alliance (GINA)	3,000 children	Undernutrition: BASELINE: 32.4% FINAL: 14.1%		



Scale up immediate high-impact interventions (Results in *2011-2012*)

- Prevent undernutrition in the 1,000-day window in the community through social and behavior change, maternal nutrition, exclusive breastfeeding for 6 months, adequate complementary feeding, strong infant and young child feeding practices, improved hygiene and sanitation.
- Teach communities to prevent and manage acute malnutrition: timely detection/referral via community outreach and mobilization; outpatient and inpatient treatment, including therapeutic feeding; links to clinical referral and care; integration into health systems.
- Deliver anemia-reduction packages, especially for women: iron folic acid supplementation; de-worming; preventive treatment for malaria, where indicated.
- Deliver targeted micronutrient supplementation for children and pregnant women.



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- **Expand medium-term interventions (Results in 2012-2013)**
 - Improve availability of high-quality staple foods, including food fortification.
 - Promote a minimum acceptable diet for children and women (quality and diversity).
 - Deliver a child anemia reduction package: micronutrient powders; de-worming; bednets.
 - Improve capacity of clinics to integrate nutrition assessment, counseling and support within health services.
 - Strengthen surveillance and contingency planning.
 - Advocate for implementation of strong policies, targeting and monitoring.



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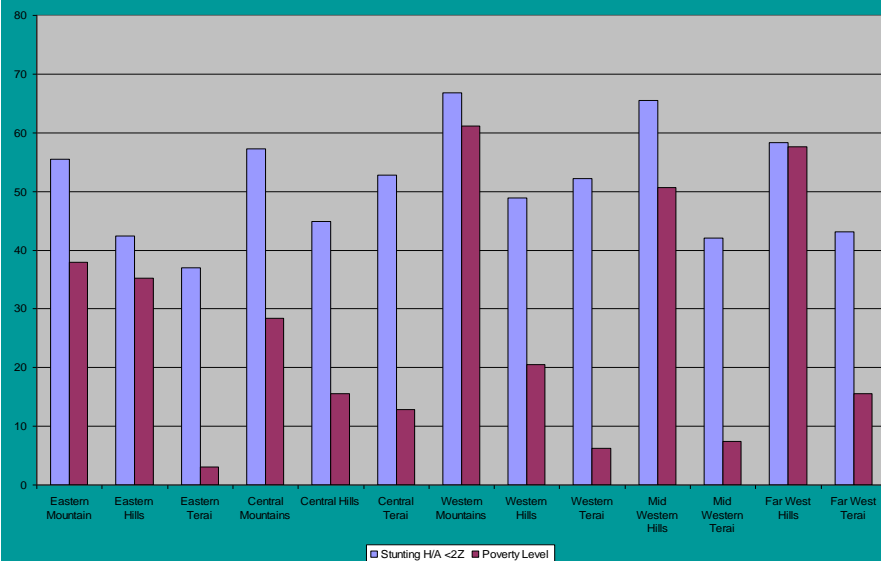
Tackle longer-term systems issues (Results in *2013-2015*)

- Integrate with platforms in family planning, HIV/AIDS treatment and care; water, sanitation and hygiene (WASH).
- Measure nutrition impact of food security, health and WASH programming through robust systems.
- Strengthen nutrition-sensitive agriculture value chains.
- Link with food security and livelihood interventions that increase access to food at the household level.

Agriculture and Economic Growth

- Poorest country in South Asia
- 55% of Nepalese live below the international poverty line of \$1.25/day
- More than 80% of the population works in the agriculture sector

Stunting and Poverty



CORE INDICATORS

Underweight	39%
Stunting	49%
Wasting	13%
Maternal BMI	24%
Minimum Acceptable Diet	29%

Nutrition

- Exclusive breastfeeding: decrease from 68% in 2001 to 53% in 2006
- Strong micronutrient supplementation Program: Vitamin A at 87% and iron supplementation over 60% and rising
- Strong Community Level Participation with Female Community Health Volunteers



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Nepal Nutrition Snapshot

Nepal has long and successful history in the area of micronutrient malnutrition. In many areas they are a leader in testing and scaling-up new interventions.

Successes:

- Vitamin A coverage (<5): 87.5%
- Iron Supplementation for Preg Women: > 80%

New Interventions:

- Vitamin A for post-partum women
- Vitamin A for newborns
- Calcium supplementation for pregnant women
- IYCF (with Micronutrient Powders)
- Homestead Food Production
- Social and Behavior Change Communication



National Vitamin A Supplementation.

Photo: USAID/Nepal



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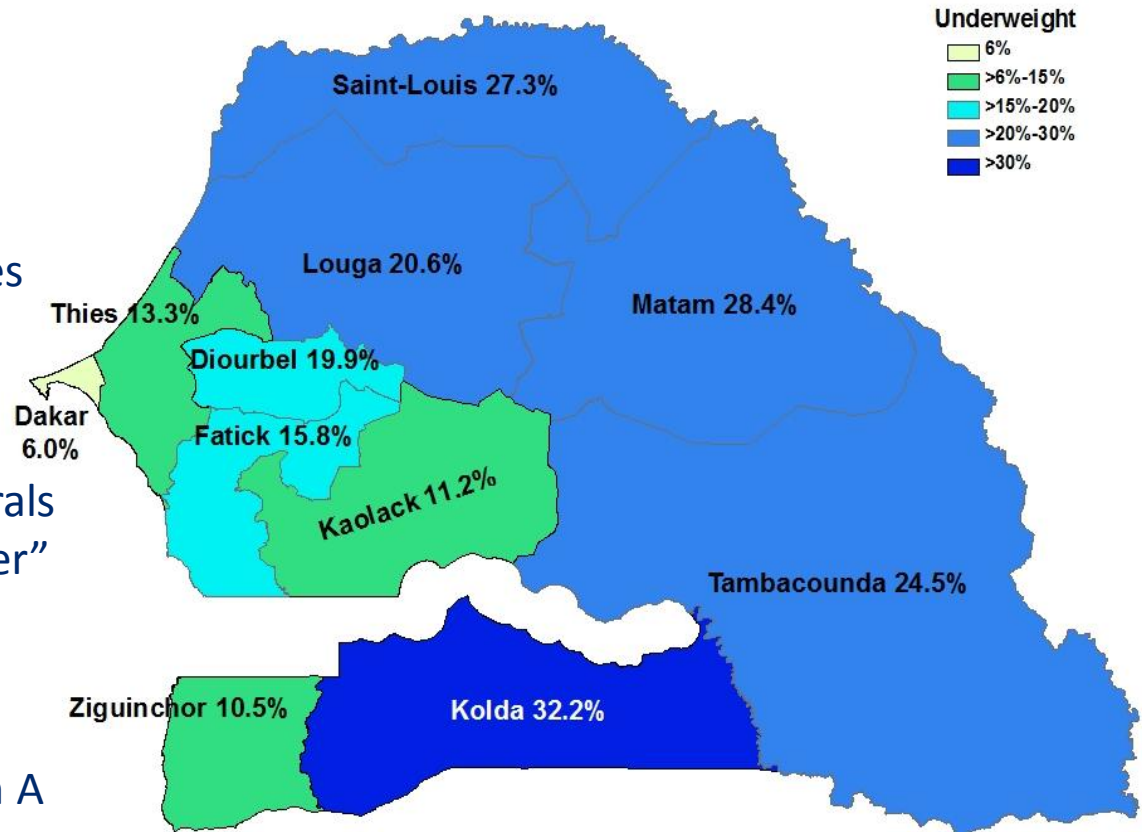
Nutrition Context: Senegal

17% of children under-5 are underweight; 16% stunted; 7.6% wasted

Significant regional differences of underweight* prevalence

Diet lacks enough diversity to supply needed protein, minerals and vitamins = “hidden hunger”

64% of women and 79% of children are anemic; 61% of children under six are vitamin A deficient



*children under-five



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Description of USAID/ Senegal Health Sector Program

Health system-wide transformation



Expansion of high impact nutrition interventions

Policy Level:

- Fortification **policy framework** and regulations
- Supporting a multi-sector food security agenda

Clinical Level:

- Health **human resources capacity building** strengthening linkages between clinical & community services

Community Level:

1620 community level health service delivery points in 13 regions provide integrated services and education (maternal and child health, nutrition, malaria, TB, hygiene)

Communication:

- **Information, education and behavior change communication**
- Promoting of **healthy lifestyles** and **products and local cereals** that support improved nutrition

• Essential Nutrition Actions (ENA)

1. Exclusive Breastfeeding
2. Appropriate complementary feeding
3. Appropriate Nutritional care of sick children
4. Maternal Nutrition including malaria prevention
5. Control of Vitamin A deficiency
6. Integrated control of anemia
7. Use of iodized salt



Nationwide impact:

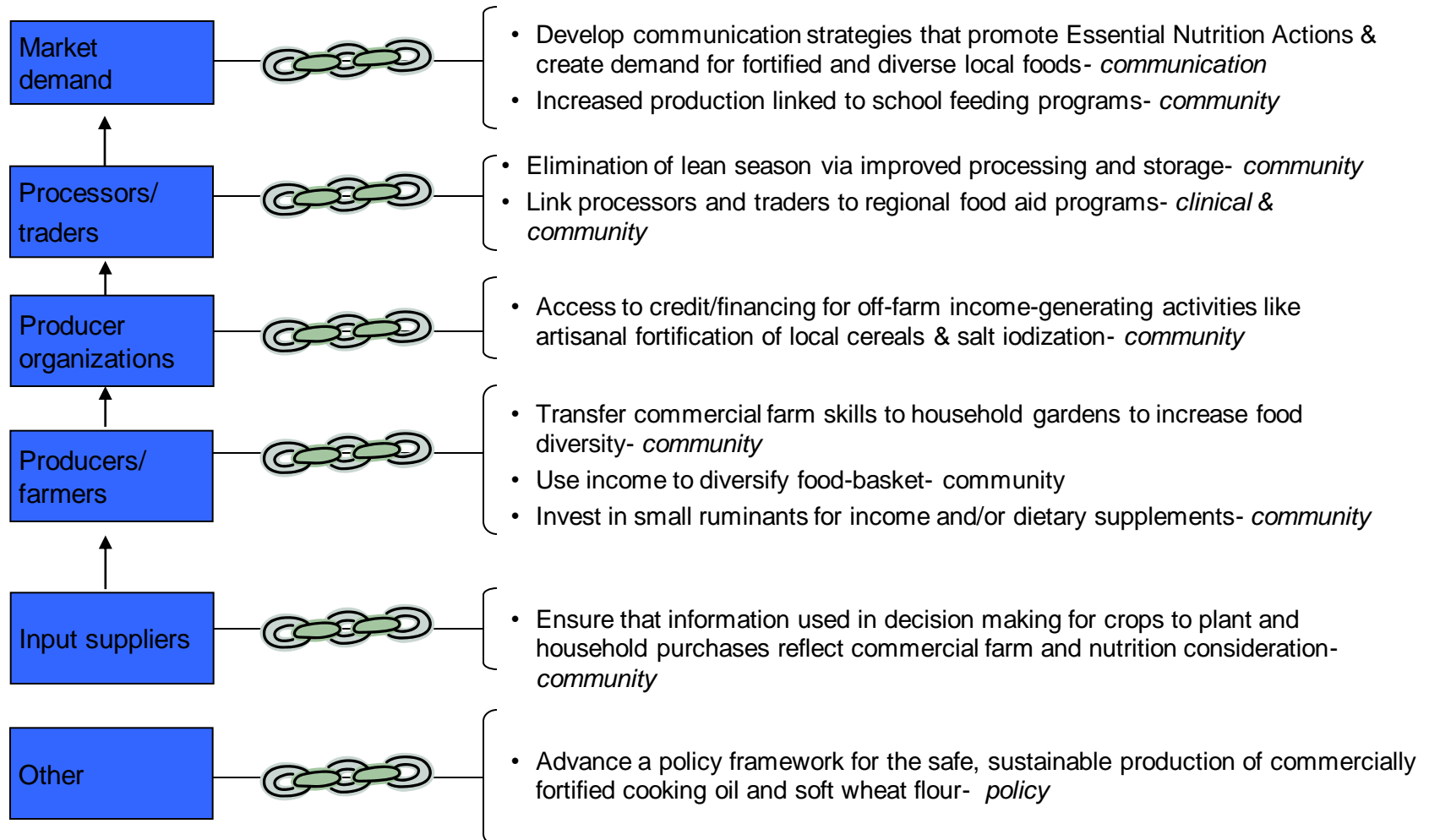
1,164,000 women and children under-five in 13 regions will be reached



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Enabling better nutrition through the value chain approach

Value chain model illustrative examples





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THANK YOU

